

BLM Legacy Program Volunteers

For INDIVIDUALS

Please provide the following information:

1. Your Name:

Your current office:

Your phone number:

Your e-mail address:

2. Your Supervisor's name:

Your Supervisor's phone number

Your Supervisor's e-mail address

3. The location that you would like to visit again (current F.O. name if possible)

4. Please provide a brief description of the land treatment that you performed and what you see as the benefit of evaluating it now.

5. Please give the year the land treatment was performed:

6. Are there times during the next year that you would not be available to participate in a site visit?

7. Do you commit to participate in preparing a report based on your visit?

Signature

Date

THANK YOU FOR YOUR INTEREST IN THE BLM LEGACY PROGRAM